

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

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FEB 17 2005

In re application: Swimmer et al.

Serial No.: 09/865,246

Filed: May 25, 2001

For: Method and Apparatus for
Repairing Damage to a Computer
System Using a System Rollback
Mechanism

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Group Art Unit: 2132

Examiner: Zand, Kambiz

Attorney Docket No.: YOR920010310US1

Certificate of Transmission Under 37 C.F.R. § 1.8(a)

I hereby certify this correspondence is being transmitted via
facsimile to the Commissioner for Patents, P.O. Box 1450,
Alexandria, VA 22313-1450, facsimile number (703) 872-
9306, on February 17, 2005.

By:

Jennifer Picher

PETITION FOR EXTENSION OF TIME WITHIN THE FIRST MONTH

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Applicant respectfully petitions for a one-month extension of time in which to respond to the outstanding Office Action in the above case, pursuant to 37 CFR Section 1.17(a). Please charge the \$120.00 extension fee to Deposit Account No. 50-3157. No additional extension of time is believed to be necessary. If, however, an additional extension of time is required, the extension is requested and, I authorize the Commissioner to charge these additional fees which may be required to Deposit Account No. 50-3157.

Respectfully submitted,



Duke W. Yee
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(972) 385-8777

ATTORNEY FOR APPLICANTS

03/14/2005 KWATSON 00000005 503157 09865246

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number

9. 863246
YOR 920010310

CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
TOTAL CLAIMS	67	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	67 minus 20 =	47
INDEPENDENT CLAIMS	9 minus 3 =	6
MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/>		

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

2/17/05

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	67	Minus	67
Independent	9	Minus	9
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total		Minus	
Independent		Minus	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total		Minus	
Independent		Minus	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

SMALL ENTITY TYPE ☐

OR OTHER THAN SMALL ENTITY

RATE	FEE
BASIC FEE	355.00
X\$ 9=	
X40=	
+135=	
TOTAL	

RATE	FEE
BASIC FEE	710.00
X\$18=	846
X80=	480
+270=	
TOTAL	2036

SMALL ENTITY

OR

OTHER THAN SMALL ENTITY

RATE	ADDITIONAL FEE
X\$ 9=	
X40=	
+135=	
TOTAL	
ADDIT. FEE	

OR

RATE	ADDITIONAL FEE
X\$18=	
X80=	
+270=	
TOTAL	
ADDIT. FEE	

RATE	ADDITIONAL FEE
X\$ 9=	
X40=	
+135=	
TOTAL	
ADDIT. FEE	

OR

RATE	ADDITIONAL FEE
X\$18=	
X80=	
+270=	
TOTAL	
ADDIT. FEE	

RATE	ADDITIONAL FEE
X\$ 9=	
X40=	
+135=	
TOTAL	
ADDIT. FEE	

OR

RATE	ADDITIONAL FEE
X\$18=	
X80=	
+270=	
TOTAL	
ADDIT. FEE	